STATE OF INDIANA **)**SS: COUNTY OF LAKE

IN RE: DECEDENT BRIAN P. WOODS

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

- 1. That the above named decedent died intestate on the 6th day of February, 1996, while domiciled in Kern County, California.
- 2. That forty-five (45) days have elapsed since the death of the decedent.
- 3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
 - 4. That the following named person is the only heir of the decedent: Brieonna P. Woods, 4201 W. 75th Pl., Merrillville, IN, Daughter
- 5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed allowance provided by I.C. 29-8-1, the costs and expenses of administration and reasonable funeral ocument is the property of expenses. the Lake County Recorder!
- 6. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located at 1335 Lane Street, Gary, Lake County, Indiana, more particularly described as follows:

Gary Heights L. 33 BL. 5.

- 7. That the following list of persons, firms, or corporations are the only creditors of the estate and the emount set opposite due said creditor, so far as the same is known to the affiant.
- 8. That the individual entitled to the real estate as a result of the decedent's death are the dece ent she was provided under the laws of AUDITOR LAKE C intestate succession in the Indiana Propate Code.

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SAM ORLICH **AUDITOR LAKE COUNTY**

IS IS A TRUE CERTIFIED COPY OF THE REC FILED IN THE COUNTY OF LCG ANGELES DEPARMENT OF HEALTH SERVICES IF IT BEARD THIS SEAL IN ·FEB 1 4 1996

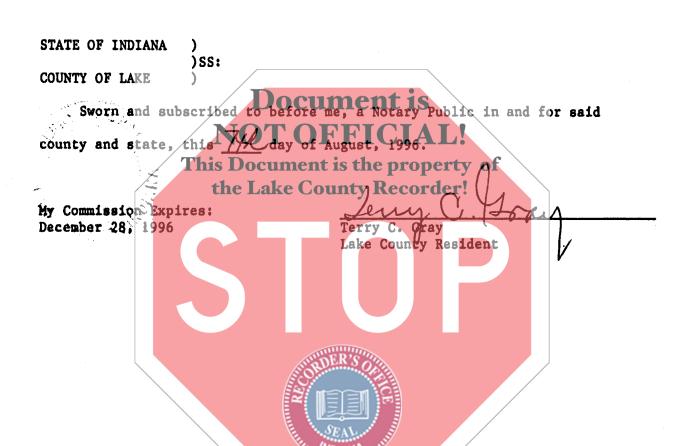
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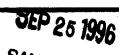
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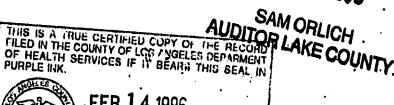
- That the gross value of the estate of the decedent, Brian P. Woods, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate
- 10. That the decedent's estate was not subject to Indiana Inheritance Tax.

MARCIA J. WOODS. GUARDIAN OF

BRIEONNA P. VOODS









FEB 1 4 1996

001429

CERTIFICATE OF DEATH

	. 'STATE FILE NUMB		USG BI	LAGK INK O	NLY/NO ER	p salipornia Asures. Whit I (rev. 7/83)	BOUTS OR	ALTERATION	vs	10	CAL DE	DISTRATION M	wass	
	1. NAME OF DECEDE	2.1	8. Micola					S. LAST (FAMILY)						
	Briar.				Pierre					Woods				
	4. DATE OF BUILTH MI - UD/CCYY S. AGE Y			YRS. I IF UNDER 1 YEAR IF UND					7.	, DATE OF DEATH MM/		DD/6644	S. HOUR	
	11/24/195	11/24/195* . '		41 MONTHS DAYS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OURS MINUTES		.e 02/06/199		96		1424	
DECEDENT	9. STATE OF BIRTH 10. SOCIAL SECURITY NO.				11. MILITARY SERVICE			I	18. MARITAL STATUS			13. EDUCATION YEARS COMPLETED		
PERSONAL	IN 311-62-3022							Me Divorced				14	<u> </u>	
DATA	14. RACE		18. HISPANIC	SPECIPY				16. U		PLOYER				
	Afro-Ameri						Inland Co							
	17. OCCUPATION			I	Steel Co						10. 1	YEARS IN OCC		
	Laborer	St	Steet Co						<u> </u>	Unknow	vn			
	7648 Jimson S	•	- PP-VAII-911											
PESIDENCE					COUNTY 23. ZIP				7	84. YRS IN CO	UNITY	25. STATE	OR POREIGN COUNTRY	
	California City			Kem	Kem			93505		3		California		
	26. NAME, RELATIONSHIP							ADDRESS (STREET AND MU		UMBER OR RURAL ROUTE		MUMBER, CITY OR TOWN, STATE, EIP)		
INFORMANT	Betty Jean Coleman, Aunt					1549	Ells	worth	st	St., Gary,		. 4640	المرياض الم	
SPOUSE	28. NAME OF BURVIVIN			29. MID	DI.E	تبنت .		30. LAST						
	_					-				_				
AND	31. NAME OF FATHER-	-FIRST		32. MID	OLE			33. LAST				······································	34. BIRTH STATE	
PARENT INFORMATION	Willie				_				Woods			USA-UNKYOW		
	38. NAME OF MOTHER-FIRST			36. MID	36. MIDDLE				37. LAST (MAIDEN)			36. BIRTH STA		
	Doris				<u> </u>				Coleman			USA-UNKNOW		
DISPOSITION(S)	38. DATE MM/80/	1	CE OF FINAL			.1.66145								
	02/16/1996		rn Oak			riffith		•			<u> </u>	T 22		
FUNERAL DIRECTOR	TR/BU	SM(8)		Do	COSS	RE OF EMBALI	176	175	3	2	111	43. LICEN	24	
AND	44. NAME OF PUNERAL	DIRECTOR	/		S. LICENSE	NO. 46. 84	MITURE OF	LOCAL DE	PIXTRAB	the party	_		MM/DD/CCYY	
LOCAL REGISTRAR	Angelus Fu		N		D 243	FIL		14		2	JK.		14/1996	
	101 01400 00 0047	/		102.1	P HORPITAL	, SPECIFY ON	: 10	3. PACILITY	OTHER	HAN-HOSPITALI	104.6		2471330	
PLACE OF DEATH	Antelope Va	Hey Med C	is Do)cum	en t i	s the	prop	Cdonv.y	-01			os Angel	•s	
	108. STREET ADDRESS	STREET AND NU	HOLL DE LO	CATION	Con	ntv R	ecor		RE	S. CTHIA	106. c	HTY		
	1600 W. Ave										L	ancaster		
	107. DEATH WAS CAU	ED BY: (ENTER O	NLY ONE CAL	JOE PER LIN	FOR A.	, C, AND D)				TIME INTERV		8. DEATH REP	ORTED TO CORONER	
CAUSE										AND DEAT	-	X Yes	L No	
	IMMEDIATE (A) Arterioscierotic Hea				rt Disease				yrs			96-01154		
	CAUSE (A)									4	10	9. SIOPSY PEI		
	DUE TO IS	the second	"	2 Mg - 1 - 1 - 1					a color by the state of the sta		.	VES :	X No	
											11	O. AUTOPSY P		
OP	DUE TO (C)										ļ	× Yes	☐ No	
DEATH											11	1. USED IN DE	TEAMINING CAUSE	
	DUE TO (D)	DUE TO (D)			OER'S							× YES	No No	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELATED TO CAUSE GIVEN IN 107													
	Diabetes Mellitus, Seizure Disorder; Cocaine den (History) 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 ON 1121 - VEE, LET TYPE OF OPERATION AND DATE.													
		PERPORMÃO POR A	NY CONDITIO	N IN ITEM 4	O7 ON 113		TYPE O	F OPERATIO	N AND	DATE.				
	No			E	- S	\sim	3		-/-	110		1449	- 44 / 5 5 / 5 6 4 4 4	
PHYSI-		AT THE HOUR, DAT OM THE CAUSES ST	TE AND	110.00	(A.C., /ND	IN NAME OF C	WAY I CO-100 M			116. LIGENSE P	•0.	117.04	E MM/DD/CCYY	
CIAN'S CERTIFICA-	DECEDENT ATTENDED BI	ICE DECEDENT LA	ST SEEN ALIV	118.77	VIII.		A NAME N	AILING ADDI	RESS +	ZIP				
TION	MM/DD/GGYY MM/DD/GGYY 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP													
		MY OPINION DEAT		P 180. W.	NRY AT WO	MK 121. INJ	URY DATE	MM/DD/	CCYY	122. HOUR 1	23. PL/	ACE OF INJUR	γ	
CORONER'S USE	THE CAUSES STAT		TED FROM	$\Box\Box$	/E.S. X	No unk				unk		unk		
	119. MANNER OF DEAT	*					URRED (EVE	INTS WHICH	RESULT	ED IN INJURY)				
	NATURAL SUICIDE HOMICIDE Ingestion and/or inhalation													
		INDING VESTIGATION	COULD NOT E					•						
ONLY	125. LOCATION (STREET	AND NUMBER OR	LOCATION A	ND CITY AN	O ZIP CODE)								
·	Unknown										<u> </u>			
	126, SIGNATURE OF CO	T	127. DATE MM/DD/CCYY 02/14/1996				128 TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Deput Coroner Maria C. Arreola							
	Marian	wyw.		20 (C			7.		7		1.00		3,	
STATE REGISTRAR	^	C	P	=		•		H	*^×	BEP 25	6	N.	CENSUS TRACT	
MANIEURAN	<u> </u>								L	n_				
									·	DEP DE	100-			
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THIS IS A THUE CERTIFIED COPY OF THE RECORDS LAKE COUNTY OF LOS PAGELES DEPARMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN -FEB 1 4 1996



Cirector of Health Services and Registra

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